

## UNITED STATES OF AMERICA

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

OFGS FILE NO.

P/1493-442

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTERACTIVE TEMPLATE FOR ANIMATED SURGICAL TECHNIQUE CD-ROM

the specification of which is attached hereto, unless the following box is checked:

was filed on \_\_\_\_\_ as United States patent Application Number or PCT International patent application number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign or Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
U.S.	60/241,794	20 October 2000	YES <input checked="" type="checkbox"/> NO _____
			YES _____ NO _____
			YES _____ NO _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Edward A. Meilman - Reg. No. 24,735; Steven I. Weisburd - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625; Douglas A. Miro - Reg. No. 31,643, and Michael J. Scheer - Reg. No. 34,425, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.

SEND CORRESPONDENCE TO: **OSTROLENK, FABER, GERB & SOFFEN, LLP** DIRECT TELEPHONE CALLS TO:  
1180 AVENUE OF THE AMERICAS (212) 382-0700  
NEW YORK, NEW YORK 10036-8403  
CUSTOMER NO. 2352

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Reinhold Schmieding	INVENTOR'S SIGNATURE 	DATE 10/17/01
--	--	------------------

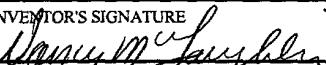
RESIDENCE (City and either State or Foreign Country) Naples, Florida	COUNTRY OF CITIZENSHIP U.S.
---	--------------------------------

POST OFFICE ADDRESS  
163 Eugenia Avenue, Naples, FL 34108

FULL NAME OF SECOND JOINT INVENTOR (IF ANY) Cindy S. Obrecht	INVENTOR'S SIGNATURE 	DATE 10/17/01
---	---	------------------

RESIDENCE (City and either State or Foreign Country) Naples, Florida	COUNTRY OF CITIZENSHIP U.S.
---	--------------------------------

POST OFFICE ADDRESS  
293 Spider Lily Lane, Naples, FL 34119

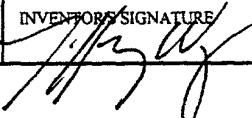
FULL NAME OF THIRD JOINT INVENTOR (IF ANY) Nancy McLaughlin	INVENTOR'S SIGNATURE 	DATE 10/17/01
--	--	------------------

RESIDENCE (City and either State or Foreign Country) Naples, Florida	COUNTRY OF CITIZENSHIP U.S.
---	--------------------------------

POST OFFICE ADDRESS  
6945 Autumn Woods Blvd., Naples, FL 34109

CONTINUED ON PAGE 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY Jeffrey Wyman		INVENTOR'S SIGNATURE 	DATE 10/17/01
RESIDENCE (City and either State or Foreign Country) Naples, Florida		COUNTRY OF CITIZENSHIP U.S.	
POST OFFICE ADDRESS 712 Woodhaven Lane, Naples, Florida 34108			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS			